

## Measles Surveillance Worksheet

STATE CASE ID \_\_\_\_\_

Name \_\_\_\_\_ Hospital Record No. \_\_\_\_\_  
 Last First  
 Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Street and No.  
 Reporting Physician/Nurse \_\_\_\_\_  
 /Hospital/Clinic Name Address Phone

-----DETACH HERE (Identifying information above should not be sent to CDC)-----  
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Site \_\_\_\_\_ STATE CASE ID \_\_\_\_\_  
 City \_\_\_\_\_

## Measles Surveillance Worksheet

Note: this form has \_\_\_\_\_ pages  
 County \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Age \_\_\_\_ (999 Unknown) Age type \_\_\_\_ 0 0-120 Years  
 Month Day Year 1 0-11  
 Months \_\_\_\_\_  
 2 0-52 Weeks \*Race \_\_\_\_ N Native Amer./Alaskan Native Ethnicity \_\_\_\_ H Hispanic Sex \_\_\_\_ M Male  
 3 0-28 Days A Asian/Pacific Islander N Not Hispanic F Female 4 Age group  
 B African American U Unknown U Unknown (census  
 coding) W White 9 Age unknown  
 O Other  
 U Unknown

Event name Measles Event code 10140 Case count 1 (For individual record)  
 Event type 1 1 Onset date of cough Event date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Outbreak \_\_\_\_ (Leave blank unless  
 (Note: If onset date cannot be determined, provide Month Day Year Associated case affiliated with  
 one of the following (listed in order of preference)) outbreak & want to  
 2 Date of diagnosis note outbreak  
 name/no.)  
 3 Date of lab result  
 4 Date of 1st report  
 5 State/MMWR report

MMWR week (inserted by computer pgm-- Year (inserted by computer pgm) Date of report \_\_\_\_/\_\_\_\_/\_\_\_\_  
date record entered) Month Day Year

Comments \_\_\_\_\_ Imported \_\_\_\_ 1 Indigenous (acquired in USA reporting state) Case status \_\_\_\_ 1  
 Confirmed \_\_\_\_\_ 2 International (acquired outside USA) (report \_\_\_\_ 2  
 (Other data) \_\_\_\_\_ status) \_\_\_\_ 3  
 Probable \_\_\_\_\_ 3 Out of State (acquired in USA outside reporting state) status) \_\_\_\_ 3  
 Suspected \_\_\_\_\_ 9 Unknown \_\_\_\_ 9  
 Unknown \_\_\_\_\_

## CLINICAL DATA (Y=Yes, N=No, U=Unknown)

Rash? \_\_\_\_ Rash onset \_\_\_\_/\_\_\_\_/\_\_\_\_ Rash duration \_\_\_\_ (range 0-30; Rash generalized? \_\_\_\_  
 Y N U Month Day Year (days) 99 Unknown) Y N U  
 Fever? \_\_\_\_ If recorded, highest measured temperature \_\_\_\_ (range 36.0-110.0;  
 Y N U 999.9 Unknown)  
 Cough? \_\_\_\_ Coryza? \_\_\_\_ Conjunctivitis? \_\_\_\_  
 Y N U Y N U Y N U

## COMPLICATIONS

Otitis? \_\_\_\_ Diarrhea? \_\_\_\_ Pneumonia? \_\_\_\_ Encephalitis? \_\_\_\_  
 Y N U Y N U Y N U Y N U  
 Thrombocytopenia? \_\_\_\_ \*Death? \_\_\_\_ Other complication? \_\_\_\_ If other complication,  
 Y N U Y N U Y N U specify \_\_\_\_\_  
 Hospitalized \_\_\_\_ Days hospitalized \_\_\_\_ (range 0-998;  
 due to measles? Y N U (days) 999 Unknown)

## LABORATORY

Was testing for measles done? \_\_\_\_  
 Y N U  
 IgM result \_\_\_\_ Date IgM specimen taken \_\_\_\_/\_\_\_\_/\_\_\_\_ IgM results  
 Month Day Year P Positive  
 N Negative  
 I Indeterminant  
 E Pending  
 X Not done  
 U Unknown  
 IgG result \_\_\_\_ Date IgG acute specimen taken \_\_\_\_/\_\_\_\_/\_\_\_\_ IgG results  
 Month Day Year P Significant rise in IgG  
 N No significant rise in IgG  
 I Indeterminant  
 E Pending  
 X Not done  
 U Unknown  
 Date IgG convalescent specimen taken \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year  
 Other laboratory result \_\_\_\_ IgM results \_\_\_\_ Specify other laboratory method \_\_\_\_  
 P Positive  
 N Negative

I Indeterminant  
E Pending  
X Not done  
U Unknown

Was case laboratory confirmed? \_\_\_\_ (calculation included in  
Y N NETSS program)

## VACCINE HISTORY

Had case ever received  
measles-containing vaccine? Y N U

If case not vaccinated, \_\_\_\_ 1 Religious exemption  
what was reason? 2 Medical contraindication  
3 Philosophical objection  
4 Laboratory evidence of previous disease  
5 MD diagnosis of previous disease  
6 Under age for vaccination  
7 Parental refusal  
8 Other  
9 Unknown

Vaccination Date  
(month/day/year)  
1. \_\_\_\_/\_\_\_\_/\_\_\_\_  
2. \_\_\_\_/\_\_\_\_/\_\_\_\_  
3. \_\_\_\_/\_\_\_\_/\_\_\_\_  
4. \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if month and year  
are known and exact  
date is not known,  
enter 15 for day)

Number of doses received BEFORE 1st birthday \_\_\_\_

Number of doses received ON or AFTER 1st birthday \_\_\_\_

If vaccinated BEFORE first birthday, but no doses given \_\_\_\_  
ON or AFTER 1st birthday, what was reason?

1 Religious exemption  
2 Medical contraindication  
3 Philosophical objection  
4 Laboratory evidence of previous disease  
5 MD diagnosis of previous disease  
6 Under age for vaccination  
7 Parental refusal  
8 Other  
9 Unknown

If received one dose after first birthday, but never received \_\_\_\_  
2nd dose after 1st birthday, what was reason?

1 Religious exemption  
2 Medical contraindication  
3 Philosophical objection  
4 Laboratory evidence of previous disease  
5 MD diagnosis of previous disease  
6 Too young for 2nd dose  
7 Parental refusal  
8 Other  
9 Unknown

## EPIDEMIOLOGIC INFORMATION

Date FIRST REPORTED to a health department \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date case investigation started \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Transmission Setting \_\_\_\_ 1 Day Care  
(Where did this case 2 School  
acquire measles?) 3 Doctor's Office  
4 Hospital Ward  
5 Hospital ER  
6 Hospital Outpatient Clinic  
7 Home  
8 Work  
9 Unknown  
10 College  
11 Military  
12 Correctional Facility  
13 Church  
14 International Travel  
15 Other

Were age and setting verified? \_\_\_\_  
Y N U

If transmission setting not among those listed and known, what was transmission setting? \_\_\_\_

\*Outbreak Related? \_\_\_\_ If yes, outbreak name \_\_\_\_  
Y N U (Name of outbreak this case is associated with)

\*Source of exposure \_\_\_\_ enter State ID if source was an in-state case (imported entry on core screen = 1)  
for current case enter Country if source was out of USA (imported entry on core screen = 2)  
enter State if source was out-of-state (imported entry on core screen = 3)

\*Epi-linked to another confirmed or probable case \_\_\_\_  
Y N U

Is case traceable within 2 generations to  
an international importation? \_\_\_\_  
Y N U

CONTACT INFORMATION (for state/local HD use)

Parent's Names: \_\_\_\_\_

Mother

Father

Phone number: \_\_\_\_\_

Activity History for 18 days before rash onset and 7 days after rash onset

day -18  
day -17  
day -16  
day -15  
day -15  
day -14  
day -13  
day -12  
day -11  
day -10  
day -9  
day -8  
day -7  
day -6  
day -5  
day -4  
day -3  
day -2  
day -1  
day 0 (rash onset)  
day 1  
day 2  
day 3  
day 4  
day 5  
day 6  
day 7

Other information

\*NOTES

Age	Age of patient at rash onset in no. of years, months, weeks, or days as indicated by AGETYPE
Race	"4" is not used. It was formerly used for Hispanic, which is now indicated under "ETHNICITY"
Outbreak (Measles)	$\geq 3$ cases (with at least one laboratory confirmed case) clustered in space and time
Death	If patient died from measles, verification with the physician is recommended.
Source of exposure	A source case must be either a confirmed or probable case and have had face to face contact with a subsequent generation case. Exposure must have occurred 7 to 18 days before rash onset of the new case, and between 4 days before rash onset and 7 days after rash of the source case.
Epi-linked	An epi-linked case is either a source case or same generation case. Epi-linkage is characterized by direct face to face contact. For same generation cases that are epi-linked a common exposure is likely.